

1416 NINTH STREET, RM 204-22      SACRAMENTO, CA 95814      (916) 653-4893

FOR EQUIPMENT RESERVATIONS  
PRINT, SIGN AND FAX FORM TO:  
**(916) 653-3310**

|  |             |             |                                  |             |                  |  |                |  |
|--|-------------|-------------|----------------------------------|-------------|------------------|--|----------------|--|
| DATE ORDERED   | DATE NEEDED | RETURN DATE | LOCATION EQUIPMENT IS BEING USED |             |                  |  |                |  |
| NAME   |             |             |                                  |             |                  |  |                |  |
| ORGANIZATION (DEPARTMENT/ DIVISION/DISTRICT/OFFICE)  |             |             |                                  |             | PHONE # (      ) |  | FAX # (      ) |  |
| ADDRESS  |             |             |                                  |             |                  |  |                |  |
| ZIP CODE _____   |             |             |                                  |             | E-MAIL           |  |                |  |
| DELIVERY? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>(PLEASE CONFIRM WITH TECHNICIAN) |             |             | CONFIRMED BY:                    |             | DROP OFF TIME:   |  | PICK UP TIME:  |  |
| <b>EQUIPMENT NEEDED AND/OR SPECIAL INSTRUCTIONS:</b>   |             |             |                                  |             |                  |  |                |  |
| <br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>                       |             |             |                                  |             |                  |  |                |  |
| USER IS LIABLE FOR LOST, STOLEN OR DAMAGED EQUIPMENT   |             |             |                                  |             |                  |  |                |  |
| ★ USER/AUTHORIZED SIGNATURE  |             |             |                                  |             | DATE             |  |                |  |
| INFORMATION BELOW IS FOR GRAPHICS SERVICES ADMINSTRATIVE USE ONLY                                      |             |             |                                  |             |                  |  |                |  |
| ESTIMATE   | CLIENT ID # | PICKUP DATE | STAFF                            | RETURN DATE | STAFF            |  |                |  |
| JOB #  | IAA #       |             |                                  |             |                  |  |                |  |